

PASSPORT PROVIDER NEWSLETTER

Keeping Providers Informed

Winter, 2000-2001

IMPORTANT REMINDERS

- ◆ A provider's authorization number is often called a PASSPORT number.
- ◆ A PASSPORT provider can change his or her PASSPORT number by calling 1-800-480-6823.
- ◆ If a Medicaid PASSPORT client (whom the PASSPORT provider has not seen before) asks for a referral for services, the provider can refer if the services are medically necessary and appropriate. Help the client to establish a patient-provider relationship with you or with another provider for future services.
- ◆ The PASSPORT provider's office must keep track of their PASSPORT number and make sure the correct number is given when authorizing services.
- ◆ When giving PASSPORT referrals, it is important to give the correct PASSPORT number for the date of service being billed.
- ◆ The PASSPORT provider or a medical professional covering for him/her should provide authorizations. Office staff may not provide PASSPORT authorizations.
- ◆ Claims for referred services may be denied if the authorization is not documented.
- ◆ If your office has received PASSPORT authorizations, do not keep a copy of previously assigned PASSPORT authorization numbers. If you do not receive authorization from a provider, for a specific service, you cannot use a

PASSPORT TO HEALTH December 2000

Number of PASSPORT clients.....	43,183
Number of Clients age 21 & older.....	13,191
Number of Clients 20 & younger	29,992
Number of PASSPORT providers	820
Counties Active in PASSPORT	52



GREAT COMMENTS

from the latest survey.....

"I am absolutely happy that I have a way of providing health care for me and my family."

"PASSPORT has saved me physically and financially! I try not to abuse it. My care provider and staff are 'right there' when I need help. I couldn't ask for more! Thank you!!"

"Montana Medicaid is, by far, so much better and more complete than the Medicaid I had in [the past]. I deeply appreciate all of your assistance and guidance! Everyone, so far, has been so generous and nice. Thank you so much for listening and for your time."

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Referrals and Authorization

As PASSPORT providers, you may want to refer your Medicaid PASSPORT clients to specialists from time to time. It is important that you know the guidelines for PASSPORT TO HEALTH referrals and authorizations. It is just as important that you are giving out the correct PASSPORT number for the authorization. Below are some pointers when giving referrals and authorizations for your Medicaid PASSPORT TO HEALTH patients:

- ⇒ A PASSPORT referral/authorization is approval given by the PASSPORT provider for services to be provided to a Medicaid client by a provider other than the PASSPORT provider.
- ⇒ PASSPORT providers are required to refer Medicaid clients for medically necessary services that they cannot provide. If the service requires authorization, the PASSPORT provider needs to supply it.
- ⇒ Providers may refer a patient to any other provider who accepts Montana Medicaid.
- ⇒ The PASSPORT provider will establish the parameters of the referral, which may be for a one-time visit, a time specific period, or the duration of an illness. If the PASSPORT provider gives a referral for six weeks of physical therapy, and changes his/her PASSPORT number during that time frame, the PASSPORT provider will need to notify the physical therapist of the change in his/her authorization number.
- ⇒ Some services do not require PASSPORT authorization. Refer to page 36 of your PASSPORT TO HEALTH Provider Guide for a list of these services.
- ⇒ PASSPORT authorizations may be either verbal or in writing. The State encourages PASSPORT providers to make authorizations in writing. Written authorizations allow both providers to document that an authorization was made. The written authorization should be kept on file. Do not attach it to the claim. Verbal authorizations must be documented in the patient's chart or in a referral log which is easily accessible and maintained as part of the official clinic records. **Refer to page four of this newsletter for a written referral form.** If you are interested in using the form, please make copies of it, or design a form that would work well for your office.
- ⇒ The PASSPORT authorization number is the number the PASSPORT provider must give to other providers when authorizing services. The authorization number can be 1) the PASSPORT provider's Medicaid provider number, or 2) a specially issued seven digit PASSPORT provider number beginning with 998 or 999. The authorization number must be on the claim form (unless you are the

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PASSPORT provider) or Medicaid will not pay for the service. The authorization number for PASSPORT referral is entered on the Medicaid claim forms in the following places:

UB-92 Claim Form: Locator 11
HCFA 1500 Claim Form: FIELD 17

A

⇒ If a provider provides a service without PASSPORT authorization, and accepts the patient as Montana Medicaid, the provider *cannot* bill the patient. With one exception: If the provider informs the patient that PASSPORT authorization is required for services and the patient chooses to see the provider without PASSPORT authorization, then the patient will be responsible for the bill. It is best to get an

Update Column

- ◆ We have included a copy of the most recent Medicaid PASSPORT TO HEALTH Client Newsletter. This newsletter is produced and mailed to all Medicaid clients who are on the PASSPORT TO HEALTH Program. The newsletter is produced quarterly. If you have suggestions for the newsletter, or would like to be a guest author in one of our newsletters, please call the Provider Helpline at 1-800-480-6823.
- ◆ During the past year, Medicaid PASSPORT clients have only been allowed to change their PASSPORT provider once every 90 days. After doing some research, it was found that very few PASSPORT clients frequently change their providers. Therefore, we are once again allowing clients to change their PASSPORT provider once a month. Remember, the change is not effective until the new provider's name prints on the Medicaid card. Montana Health Choices will monitor those clients who have a tendency to "shop for a provider."
- ◆ Recently, a Butte PASSPORT provider suggested that we include client phone numbers on the Provider Pending Letter. Montana Health Choices agreed with this suggestion and has added client phone numbers to the letter. We hope this is helpful, to the providers who are receiving the Pending Letter, in determining pending clients' enrollment status.
- ◆ Montana Health Choices provider relations staff will be scheduling on site provider visits in the areas of Meagher, Broadwater, Jefferson, and Lewis and Clark Counties for January and February 2001. Please expect a call from Montana Health Choices to schedule an appointment with your office. The visit includes educational information about the Medicaid PASSPORT TO HEALTH Program.

We can not stress enough, how important it is to notify Montana Health Choices when there is a change in your practice. It is especially important for us to be notified in advance when a provider is leaving his/her practice. Please call Montana Health Choices Provider Helpline at 1-800-480-6823 to notify us of any changes in your practice. Thank you!

**MONTANA MEDICAID PASSPORT TO HEALTH
REFERRAL FORM**

Please Do Not Attach This Form To Claim; Retain With Patient Records To Document Referral

PASSPORT Provider's Name & Phone

Patient's Name: _____

Patient's ID Number: _____

Date of Birth: _____

Referred to:

Name of
provider _____

Phone number: _____

Diagnosis/problem: _____

Services Requested:

(Please check all that apply)

1. _____ Evaluate and recommend treatment (1 visit)
2. _____ Initiate treatment and refer back to me (2-3 visits)
3. _____ Continued Supervision (Circle number of visits: 4 5 6)
4. _____ Length of Referral
_____ 15 days _____ 30 days _____ 45 days _____ other (please specify)
5. _____ Specific Procedures _____
6. _____ Surgery (Please Specify) _____
7. _____ Other _____

Limitations (Please Specify): _____

Follow-up Instructions: _____

Remarks: _____

PASSPORT PROVIDER SIGNATURE

AUTHORIZATION #

DATE REFERRAL AUTHORIZED

NOTE:

- **IN ALL CASES, COMMUNICATE YOUR ASSESSMENT AND RECOMMENDATION BACK TO THE PASSPORT PROVIDER , AND**
- **IF SERVICES BEYOND THOSE AUTHORIZED ARE NEEDED, CALL THE PASSPORT PROVIDER**